

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044366
STATE FILE NUMBER
5510

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5510

FILED DEC 18 1958

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	6. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORAU HOSPITAL		Length of stay in 1b 16 yrs.	d. STREET ADDRESS 716 PROSPECT
3. NAME OF DECEASED (Type or print) First THEODORE Middle Jackson Last ROBINSON		4. DATE OF DEATH Month 11 Day 20 Year 58	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12- -81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) night watchman		10b. KIND OF BUSINESS OR INDUSTRY Nelson Art Gallery	11. BIRTHPLACE (City and state or country) Nepoleon, Missouri
13a. FATHER'S NAME Andrew J. Robinson		13b. MOTHER'S MAIDEN NAME Sophia L. Hesse	14. NAME OF HUSBAND OR WIFE Beatrice Robinson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 500-10-7537	17. INFORMANT Clara E. Harding Address 716 Prospect K. C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure, acute			INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Pulmonary emphysema & fibrosis			5271 ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Thrombosis of femoral veins with pulmonary emboli			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10/12/58 to 11/20/58 and last saw him alive on 11-20-58 Death occurred at Nov 20, 1958, 11:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) Walter P. Jacob, M.D.		22b. ADDRESS 701 E 63 St.	
22c. DATE SIGNED 11/21/58		22d. ADDRESS (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 11-22-58	
23c. NAME OF CEMETERY OR CREMATORY Mc Phelia Cemetry		23d. LOCATION (City, town, or county) (State) Lexington, Mo.	
24. FUNERAL DIRECTOR Harp & Sons ADDRESS K. C. Mo.		25. DATE RECD. BY LOCAL REG. 11-21-58	
26. REGISTRAR'S SIGNATURE Neva Marshall			

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
walter P. Jacob

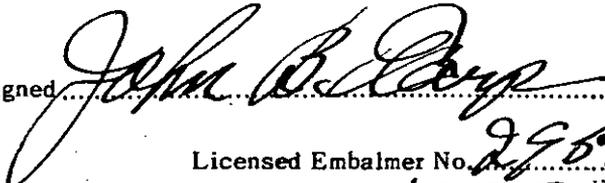
All diseases in Part I must be causally related.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 2955
P. O. Address 18. C. 2nd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.